

# **SCHEDULE A-P** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
**CARSON AMERICA**

**A. Full Name (Last, First, Middle Initial)**

**MRS. PAMELA J. EPPLE**

Mailing Address 12075 LEWIS ROAD

City	State	Zip Code
BRANCHVILLE	IN	47514-9022

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF-EMPLOYED

Occupation  
MARY KAY SR. SALES DIRECTOR

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

711.00

**Transaction ID : SA17.1198091**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

105.00

**B. Full Name (Last, First, Middle Initial)**

**MR. CARL F. ERCK**

Mailing Address N90W28159 LOOKOUT CT

City	State	Zip Code
HARTLAND	WI	53029-9080

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
SELF EMPLOYED

Occupation  
DENTIST

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

280.00

**Transaction ID : SA17.1178300**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

25.00

**C. Full Name (Last, First, Middle Initial)**

**MS. ALTHEA ERDAHL**

Mailing Address 6154 GOLDEN VALLEY ROAD

City	State	Zip Code
MINNEAPOLIS	MN	55422-4442

FEC ID number of contributing federal political committee.

**C**

Name of Employer  
RETIRED

Occupation  
RETIRED

Receipt For: 2016

☒ Primary ☐ General  
☐ Other (specify) ▼

Election Cycle-to-Date ▼

4850.00

**Transaction ID : SA17.1186062**

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

**CONTRIBUTION**

Amount of Each Receipt this Period

2150.00

REATTRIBUTION / REDESIGNATION REQUESTED

**Subtotal Of Receipts This Page (optional)**.....

2280.00

**Total This Period (last page this line number only)**.....